

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/2/01
FORMALITY REVIEW	EW	JC4949	1/12/01
RESPONSE FORMALITY REVIEW	M.H.	625	04-27-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	3	1	3	1	101
2	12	2	12	2	102
3	03	3	03	3	103
4	03	4	03	4	104
5	03	5	03	5	105
6	03	6	03	6	106
7	03	7	03	7	107
8	03	8	03	8	108
9	03	9	03	9	109
10	03	10	03	10	110
11	03	11	03	11	111
12	03	12	03	12	112
13	03	13	03	13	113
14	03	14	03	14	114
15	03	15	03	15	115
16	03	16	03	16	116
17	03	17	03	17	117
18	03	18	03	18	118
19	03	19	03	19	119
20	03	20	03	20	120
21	03	21	03	21	121
22	03	22	03	22	122
23	03	23	03	23	123
24	03	24	03	24	124
25	03	25	03	25	125
26	03	26	03	26	126
27	03	27	03	27	127
28	03	28	03	28	128
29	03	29	03	29	129
30	03	30	03	30	130
31	03	31	03	31	131
32	03	32	03	32	132
33	03	33	03	33	133
34	03	34	03	34	134
35	03	35	03	35	135
36	03	36	03	36	136
37	03	37	03	37	137
38	03	38	03	38	138
39	03	39	03	39	139
40	03	40	03	40	140
41	03	41	03	41	141
42	03	42	03	42	142
43	03	43	03	43	143
44	03	44	03	44	144
45	03	45	03	45	145
46	03	46	03	46	146
47	03	47	03	47	147
48	03	48	03	48	148
49	03	49	03	49	149
50	03	50	03	50	150

If more than 150 claims or 10 actions  
staple additional sheet here

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